

Case Number:	CM13-0068876		
Date Assigned:	01/03/2014	Date of Injury:	12/08/2010
Decision Date:	09/25/2015	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 64 year old female who sustained an industrial injury on 12-08-2010. She reported being struck in the face by an elevator door that was closing. The injured worker was diagnosed as having: headaches post -concussion syndrome, sleep disturbances, cervical hyperextension and hyperflexion, bilateral shoulder strain, C7-T1 disc protrusion and anxiety. Treatment to date has included medications, examination by a neurologist, MRI scans and electroencephalogram. Currently, the injured worker complains of neck pain, which she describes as moderate and constant with frequent flare ups. She complains of rigidity and spasm in the neck muscles. There is no upper extremity radiculopathy. She has complaint of occasional severe headaches aggravated with flexion and extension of the head. On examination of the cervical spine, there is tenderness to palpation over the upper and mid trapezius muscles and over the cervical paraspinal muscles. She has multiple trigger points in the upper and mid trapezius with referred pain to the bilateral shoulders. Treatment plan includes medications, a transcutaneous electrical nerve stimulation (TENS) unit and continuation of home exercise program. A request for authorization was submitted for: 1. TENS UNIT, 2. FLURIFLEX 15/10% CREAM #180GM, 3. TGice 8/10/2/2% CREAM #180GM.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

FLURIFLEX 15/10% CREAM #180GM: Upheld

Claims Administrator guideline: Decision based on MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Fluriflex, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Muscle relaxants are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the above mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Fluriflex is not medically necessary.

TGIce 8/10/2/2% CREAM #180GM: Upheld

Claims Administrator guideline: Decision based on MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, ANTI-EPILEPSY DRUGS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for TG Ice, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Gabapentin is not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested TG Ice is not medically necessary.

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-117 of 127.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a successful 30-day TENS unit trial and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the currently requested TENS unit is not medically necessary.